

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 185

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Hospital Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Jeffrey P DiLisi**

Mailing Address 1861 Amberwood Manor

City

Vienna

State

VA

Zip Code

22182-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virginia Hospital Center - Arlington

Occupation

Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	1	5

**Transaction ID : 22881575**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Ms. Lynn Ingram Boggs**

Mailing Address 388 Weybridge St

City

Middlebury

State

VT

Zip Code

05753-1065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Porter Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	5

**Transaction ID : 22881584**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Dr. Ronald DiSimone MD**

Mailing Address 266 Spook Hollow Road

City

Cogan Station

State

PA

Zip Code

17728-9756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Susquehanna Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	1	5

**Transaction ID : 22881590**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1200.00

**TOTAL** This Period (last page this line number only)..... ►